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PTO/SB/05 (11-00)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. M4065.0356/P356

First Inventor Roger Lee

Title SELF-ALIGNED MRAM CONTACT AND, etc.

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 32]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 12]

5. Oath or Declaration [Total Pages 2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet See 37 CFR 1.76

ADDRESS TO: Box Patent Application  
Commissioner for Patents  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies), or ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:


Prior application information: Examiner

Group / Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

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| Name (Print/Type) | Thomas J. D'Amico   | Registration No. (Attorney/Agent) | 28,371         |
| Signature         |  | Date                              | March 15, 2001 |

| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>  |          | <b>Complete if Known</b>  |  |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|--|----------|---|--|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|--------------------|--------|-------------------------------------|-----|-----|-----|-------------------|----|---|-----|-----|-----|------------------|-----|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|--|--------------|--------|--------------|--------|---|----------|----------|----------|----------|----------|--|----|-----|-----|------------------------|-----|---|----|-----|-----|-----------------------------------|-----|--|-----|-----|-------|---------------------------------------|-----|---|----|-----|-------|--|-----|--|----|-----|-----|--|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)     1,648.00   |          | <b>Application Number</b> Not Yet Assigned  | <b>Filing Date</b> March 15, 2001          |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>METHOD OF PAYMENT</b>   |          | <b>First Named Inventor</b> Roger Lee   | <b>Examiner Name</b> Not Yet Assigned      |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   |          | <b>Group Art Unit</b> N/A   | <b>Attorney Docket No.</b> M4065.0356/P356 |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Deposit Account Number     04-1073<br>Deposit Account Name     Dickstein Shapiro Morin & Oshinsky LLP  |          | <b>3. ADDITIONAL FEES</b>   |  |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          | <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |  | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205                | 65     | Surcharge - late filing fee or oath |     | 127 | 50  | 227               | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139              | 130 | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action   |  | 113          | 1,840* | 113          | 1,840* | Requesting publication of SIR after Examiner action |          | 115      | 110      | 215      | 55       | Extension for reply within first month |    | 116 | 390 | 216                    | 195 | Extension for reply within second month |    | 117 | 890 | 217                               | 445 | Extension for reply within third month |     | 118 | 1,390 | 218                                   | 695 | Extension for reply within fourth month |    | 128 | 1,890 | 228  | 945 | Extension for reply within fifth month |    | 119 | 310 | 219  | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |          | Small Entity  |  | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                                   |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105  | 130      | 205   | 65   | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127  | 50       | 227   | 25   | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139  | 130      | 139   | 130  | Non-English specification  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147  | 2,520    | 147   | 2,520                                      | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112  | 920*     | 112   | 920*                                       | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113  | 1,840*   | 113   | 1,840*                                     | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115  | 110      | 215   | 55   | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116  | 390      | 216   | 195  | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117  | 890      | 217   | 445  | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118  | 1,390    | 218   | 695  | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128  | 1,890    | 228   | 945  | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119  | 310      | 219   | 155  | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120  | 310      | 220   | 155  | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121  | 270      | 221   | 135  | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138  | 1,510    | 138   | 1,510                                      | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140  | 110      | 240   | 55   | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141  | 1,240    | 241   | 620  | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142  | 1,240    | 242   | 620  | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143  | 440      | 243   | 220  | Design issue fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144  | 600      | 244   | 300  | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122  | 130      | 122   | 130  | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123  | 50       | 123   | 50   | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126  | 180      | 126   | 180  | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581  | 40       | 581   | 40   | Recording each patent assignment per property (times number of properties) | 40.00    |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146  | 710      | 246   | 355  | Filing a submission after final rejection (37 CFR 1.129(a))                |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149  | 710      | 249   | 355  | For each additional invention to be examined (37CFR 1.129(b))              |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179  | 710      | 279   | 355  | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169  | 900      | 169   | 900  | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |          | <b>FEE CALCULATION (continued)</b>  |  |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710.00</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>SUBTOTAL (1)</b>     (\$)     710.00</p> |          | Large Entity  |  | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 101      | 710      | 201 | 355 | Utility filing fee | 710.00 | 106                                 | 320 | 206 | 160 | Design filing fee |    | 107   | 490 | 207 | 245 | Plant filing fee |     | 108                       | 710 | 208 | 355   | Reissue filing fee |       | 114  | 150 | 214 | 75   | Provisional filing fee |      | <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>SUBTOTAL (2)</b>     (\$)     898.00</p> |  | Large Entity |        | Small Entity |        | Fee Description                                     | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                                    | 18 | 203 | 9   | Claims in excess of 20 |     | 102                                     | 80 | 202 | 40  | Independent claims in excess of 3 |     | 104                                    | 270 | 204 | 135   | Multiple dependent claim, if not paid |     | 109                                     | 80 | 209 | 40    | ** Reissue independent claims over original patent |     | 110                                    | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity   |          | Small Entity  |  | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                                   |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101  | 710      | 201   | 355  | Utility filing fee   | 710.00   |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106  | 320      | 206   | 160  | Design filing fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107  | 490      | 207   | 245  | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108  | 710      | 208   | 355  | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114  | 150      | 214   | 75   | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity   |          | Small Entity  |  | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code   | Fee (\$) | Fee Code  | Fee (\$)                                   |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103  | 18       | 203   | 9  | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102  | 80       | 202   | 40   | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104  | 270      | 204   | 135  | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109  | 80       | 209   | 40   | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110  | 18       | 210   | 9  | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>3. SUBTOTAL</b> (\$)     1,648.00   |          | <b>4. OTHER FEES</b>  |  |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>5. SUBTOTAL</b> (\$)     1,648.00   |          | <b>6. SUBTOTAL</b> (\$)     40.00   |  |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |        |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |              |        |              |        |   |          |          |          |          |          |  |    |     |     |                        |     |   |    |     |     |                                   |     |  |     |     |       |                                       |     |   |    |     |       |  |     |  |    |     |     |  |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |